U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** 

E OMO DE				
1 File Number U 22049	2. Fiscal Year Covered From			
	@F/01/2005 Through. (2/31/2005			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name PHILIP LUKIC	Name BCTGM LU 19			
	Labor Organization File Number 923. 33			
P O Box, Bidg Room No If any	P O Box, Building and Room Number If any			
Street 9665 ROCKSIDE RO SUITER	Street 9665 ROCKGIDE KD SUITE B			
City CUEUEVANO	CHY CUEVELAND			
State 640 ZIP Code + 4 44125 6233	State 0410 ZIP Code + 4 44125 (233			
5 Position in labor organization FUANCIAN SELECTARY AND BUSINESS ASENT				
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.  6 Name and address of Employer (including trade name if any)  Name				
Trade Name if any				
PO Box Bldg Room No If any	7 b Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete. (See the section on penalties in the instructions.)				
Signed Mujorum	On 03/27/2016 216-771-5386  Date Telephone Number			

Nismond Demon Elling Put 1 2 1 1 1 1		File Number t1	22 010
Name of Person Filing PH, Cla LUKiC		File Number U	× 4 6 7 7
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name CLEVELAND BAKENS/HEAMSTERS HOW FULLD	a Labor Organiza	ton	
P O Box, Bidg Room No If any	b Trust		
Street 9665 ROCKSINERO SUFTE PO C	c. Employer		
City (LEVELAND)  State (0 H7 C) ZIP Code + 4 (44/75-6233)			
	11 a Nature of such deal		
10 If 9 b or 9 c is checked give trust or employer's name  Name CLEVELANBAKES TERMSTENS HEW FUND	ALTERNATE TRE	ISTEE OF F	(INU)
Trade Name if any	PARTICIPANTO	F FUNY	
PO Box, Bldg Room No if any			
Street 9665 Radisine RD SciTE C  City CLEVELAND	11 b Approximate dollar valu		
State 0410 ZIP Code + 4 44125 62-33	NET PEN DI		NLMCONFERENCE
	12 b Amount		\$9/5,00
C Received from any employer (other than an employer covered under parts A and B above)			
or from any labor relations consultant to an employer any payment of money	14 a Nature of payment.		<u> </u>
13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)	NONE		
Name			
Trade Name If any			
P O Box, Bldg Room No if any			
Street			
City			
State ZIP Code + 4			i
State ZIP Code + 4 or Consultant ?	14 b Amount of payment		- o-

		40		
Name of Person Filling PHUP LUKIC	File Number U 22049			
B Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines lively seeking to represent, or directly to or otherwise	s		
8 Name and address of Business (including trade name if any)  Name (UNITANO BAVENS FRAM STERS HAW FUND  Trade Name if any  PO Box, Bidg Room No if any  Street 9665 Rodisone RO Suite C  City (Levelano)  State Albo ZIP Code +4 (11/25 6233)	9 Business deals with  a Labor Organize  b Trust  c Employer	ntion		
10 If 9 b or 9 c. is checked give trust or employer's name  Name CUEVOLAND BAKENS/TEAMSTENS IF W FUND  Trade Name if any  P O Box, Bidg Room No if any  Street 9665 ROCKSIDE RD  City CLEVELAND  State OHTO  ZIP Code + 4 14/25-1233	11.b Approximate dollar values 12 a Nature of Interest held	PUSTEE OF FUND TOF FUND He of such dealing		
	12 b Amount	\$679.38		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	NONE			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment			

Form LM-30 (2003)

Name of Person Filing PHILIP LUKIC	File Number U 22049			
B Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name CLEVELAND BANENS FRAMENS HAW FUND  Trade Name if any  PO Box, Bidg Room No if any  Street 9665 ROCK GONE RO. SUITE C  City CLEVELAND  ZIP Code +4 99/25-62373	9 Business deals with  a Labor Organization  b Trust  c Employer			
10 If 9 b or 9 c. is checked give trust or employer's name  Name CUEUCUAND BAKEDS/TEAMSTERS HAW FUND  Trade Name if any  P O Box, Bidg Room No if any  Street QUBS HOCKSIDE RD SUITE C	11.a. Nature of such dealing  ACTERNUTE TRUSTEE OF FUND  PARTICIPANT OF FUND			
City PLEUELANO	11 b Approximate dollar value of such dealing			
State OHTO ZIP Code + 4 (74/25-6233)	NUM CONFERENCE REGISTRATION FEE			
	12 b Amount. # 845.06			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a Name and address of Employer or Labor Relations Consultant				
(including trade name if any)				
Name				
Trade Name if any				
P O Box, Bldg Room No if any  Street  City  ZIP Code + 4				
13 b is the Business an Employer or Consultant 2	14 b Amount of payment			

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